U S Department of Labor Office of Labor-Management \ Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No 1215-0188 Expires 11 30-2006

This report is mandatory under P.L. 88-257 as amended Failure to comply may result in criminal prosecution fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Only READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL READ THE INSTRUCTIONS CAREFUL	LY BEFORE PREPARING THIS REPORT			
1 File Number U	2 Fiscal Year Covered From			
	1 / 1 / 2004 Through 12 / 31 / 2004			
3 Name and address of person filing	4 Name file number and address of labor organization			
Name Edgar E Newsome	Name Operating Engineers Local 324			
	Labor Organization File Number 019-088			
PO Box Bldg Room No If any	P O Box Building and Room Number if any			
Street 37450 Schoolcraft Suite 110	Street 37450 Schoolcraft Suite 110			
City Livonia	City Livonia			
State Michigan ZIP Code + 4 48150-1082	State Michigan ZIP Code + 4 48150-1082			
5 Position in labor organization Business Agent				
Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions) A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest, Transaction or Income			
Name				
Trade Name If any				
~PO Box Bidg Room No if any				
Street	7 b Amount.			
Side:				
City				
State ZIP Code + 4				
Signature				
16 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief true correct, and complete. (See the section on penalties in the instructions.)				
Signed Logar Yew Som	On 8-15-06 734-4623660			
	Date Telephone Number			

Name of Person Filing Edgar Newsome		File Number U		
B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested				
8 Name and address of Business (including trade name if any) Name Operating Engineers Local 324 LMEC Trade Name if any P O Box Bidg Room No if any Street 37450 Schoolcraft Suite 150 City Livonia State Michigan ZIP Code +4 48150-1082	9 Business deals with a Labor Organizat b Trust c. Employer			
10 If 9 b or 9 c is checked give trust or employer's name Name Trade Name if any P O Box, Bldg Room No If any	11 a Nature of such dealing Provides marketing services and other idustrial information for the union. The plan is funded through a collectively bargained allocation.			
Street	11 b. Approximate dollar valu	e of such dealing	\$0	
State ZIP Code + 4	Attended a two day		golf outting	
	12 b Amount		\$186	
C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value				
13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	14 a Nature of payment			
Name Trade Name If any				
P O Box Bldg Room No if any Street City State ZIP Code + 4				
13 b is the Business an Employer or Consultant ?	14 b Amount of payment			